## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory

1. File Number U - 13725

under 2.1.286-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

2. Fiscal Year Covered From:

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person limity.	4. Name, me number, and address of labor organization.	
-Name Timothy Smith	Name Actors Equity Association	
	Labor Organization File Number 006 - 029	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5757 Wilshire Blvd., Suite One	Street 5757 Wilshire Elvd., Suite One	
City Los Angeles	City Los Angeles	
State California	State California ZIP Code + 4 90036.	
5. Position in labor organization. SEVELOPING THEATT	RES BUSINESS REPRESENTATIVE	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Will Geey Meatricum Patanicum (Winters Tale Watch on the Knine) Trade Name, if any P.O. Box, Bldg., Room No., if any	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond enforce contract, compliance investigate potential greivances, research potential claims identify unreported employees, meet with labor/management re concerns.	
	7.b. Amount.	
Street 1419 N. Topauga (augm Blud.		
cny Topanga	no cash Value	
State Califamia ZIP Code + 4 90290		
. Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information epintained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed / hung may/	On 8/13/05 (323):3634-1750° x 315:3 Telephone Number	
Form I M-30 (2003)		

### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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2. Fiscal Year Covered From:

For Official-Use Only

S DOL

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - 1372 S

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Timothy Smith	Name Actors! Equity Association	
	Labor Organization File Number 006-029	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5757 Wilshire Blvd. Suite One	Street 5757 Wilshire Blvd., Suite One	
City Los Angeles	City Los Angeles	
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036.	
5. Position in labor organization.  DEVELOPING THEATRES BL	ISINESS REPRESENTATIVE	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name The Colony Theatre Lagies athe Trade Name, if any	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond mentione contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.	
P.O. Box, Bldg., Room No., if any	7.b. Amount,	
Street 555 N. Third St.		
cay Burbank	no cosh value	
State Callfornia ZIP Code + 4 9/502		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (Spe the section on penalties in the instructions.)		
Signed / Mun Sum	On 8/13/05 (323) 634-1750 x-315	
	/ Date Telephone Number	
Form LM-30 (2003)	Dec. 4 of 2	

Rec'd

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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For Official Use Only

Ε

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1372 5	2. Fiscal Year Covered From:  1
Name and address of person filing.	Name, file number, and address of labor organization.
Name Timothy Smith	Name Actors! Equity Association  Labor Organization File Number 006-029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Blvd:, Suite On:	Street 5757 Wilshire Blvd:, Suite One
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036
5. Position in labor organization.  DEVELOPING THEATTRE	3 BUSINESS REPRENTATIVE

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions);

	•
A. Held an interest in, engaged in transactions (including loans) with, or omenance in the monetary value from an employer whose employees your organization.	lerived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Rubican Theatre Company Waiting for	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond.; enforce contract compliance; investigate potential greivances;
Trade Name, if any:	research potential claims; identify unreported employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 1000 E. Main Street	
cny Ventura	ps' no cosh value
State California ZIP Code + 4 9300/	<b>F</b>

#### Signature

<ol><li>Signature and verification. The undersigned declares, under pena</li></ol>	ifty of Perjury and other applicable per	alties of the law, that all of the information
<ul> <li>submitted in this report (including the information contained in any accent</li> </ul>	mpanying documents), has been exam	ined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the	he section on penalties in the instructi	ons.)
Signed / Many // Smith/	on 8/13/05	(323) 634 1750 x 315
	/ Datě	Telephone Number

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Page 1 of 2

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1. File Number U - 13725

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2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

E

Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Timothy Smith	Name Actors : Equity Association
	Labor Organization File Number 006-029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Blvd. Suite One	Street 5757 Wilshire Blvd Suite One
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036	State California ZIP-Code + 4 90036
5. Position in labor organization. Develming then thes	Business Representative
Enter appropriate data below If, during the past fiscal year, you or your sport (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name The Colony theatre/Grand Hotel Trade Name, if any:	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond.; enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 555 N. Third St.	
city Burbank	9 no cosh value
State Call Will ZIP Code + 4 91502	
Signature	
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. See the second complete.	no documents), has been examined by the signatory and is, to the hest of the
Signed / WWW DWWW//	On 8/13/05 (323) 634-1750 x 315
	Date Telephone Number
Form LM-30 (2003)	Prop 1 of )

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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1. File Number U - 13725	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Timothy Smith	Name Actors' Equity Association
	Labor Organization File Number 006 -029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Blvd. Suite One	Street 5757 Wilshire Blvd., Suite One
City Los Angeles	City Los:Angeles
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036
5. Position in labor organization. Develoning Thouthe Bu	siness Representative
6. Name and address of Employer (including trade name, if any). The Night  Name Runcan Theatre Company of the Igua	-7.a. Nature of Interest, Transaction, or Income.  Theatre ticket provided access to AEA job sites to  Manapect safe/sanitary cond.; enforce contract compliance; investigate potential greivances, research potential claims; identify unreported
Trade Name, if any:	employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any Street Loolo E. Main Street	
P.O. Box, Bldg., Room No., if any	employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any Street 1006 E. Main Street	employees, meet with labor/management re concerns.  7.b. Amount.
P.O. Box, Bldg., Room No., if any Street 1006 E. Main Street  City Ventura	7.b. Amount.  No Cosh Value
P.O. Box, Bldg., Room No., if any  Street 1006 E. Main Street  City Ventura  State California ZIP Code + 4 7300/	7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-20:36

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13725	2. Fiscal Year Covered From:
12020C	18 / 18 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Timothy Smith	Name Actors! Equity Association
	Labor Organization File Number 006 - 029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757:Wilshire Blvd: Suite One	Street 5757 Wilshire Blvd:, Suite One
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036	State (California) ZIP Code + 4 90036
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name The Fruntain That Exts and Embances.	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Theatre_ticket\provided_access_to_AEA(job\siltes_to_
Name The Fruntain Walk (Entrances) Trade Name, if any:  P.O. Box, Bidg., Room No., if any	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond.; enforce contract compliance, investigate potential greivances, research potential claims; identify unreported employees; meet with labor/management re concerns.
Street 5060 Fountain Avenue  City LOS Augeles	7.b. Amount.  D'no cash value
State California ZIP Code + 4 90029	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed ( / Lung / Amin / /	On 8/13/05 (323) 634-1750 x 315

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

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1. File Number U - 13725

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name Timothy Smith	Name Actors! Equity Association
	Labor Organization File Number 006-029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Blvd Suite One	Street 5757 Wilshire Blvd: Suite One
City Los Angeles	City Los Angeles
State California ZIP Codu + 4 90036	State California ZIP Code + 4 90036
5. Position in labor organization. Developing Then tres	Business Represantative
Enter appropriate data below If, during the past fiscal year, you or your spou	
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Winged him Players/godspell Trade Name, if any:	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond. enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any	
Street 1014 S. Siewa Mita Ale	7.b. Amount.
State California ZIP Code + 4: 90019	Ø no cash value
State California ZIP Code + 4 90019	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the
Signed / Lungs / Smay/	On 08/13/05 (323) 634-1750 x 315
Form LM-30 (2003)	Page 1 of 2

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	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Timothy Smith	Name Actors! Equity Association	
	Labor Organization File Number 006 -029	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Nurnber, if any	
Street 5757 Wilshire Blvd Suite One	Street 5757 Wilshire Blvd., Suite One	
Cay Los Angeles	City Los Angeles	
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036	
5. Position in labor organization. Developing Theatres 7.	Business Tepresentative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Bark Productions, UC/Bark Trade Name, if any:	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond enforce contract compliance; investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.	
P.O. Box, Bidg., Room No., if any	Barrier Breeze 2016 en 1802 a Berne Breeze B	
r .	7.b. Amount.	
Street 495 N. Niagara Street		
City Burhank	Ono cash value	
State Call Ernia ZIP Code + 4 9 1505		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed / Lung Smull/	On 8/13/05 (323) 634-1750 x 315	
	/ Date Telephone Number	

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1. File Number U - 13/25	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Timothy Smith	Name Actors's Equity Association
	Labor Organization File Number 006 - 029
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 5757 Wilshire Blvd., Suite One	Street 5757 Wilshire Blvd., Suite One
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036
5. Position in labor organization.	Business Denrese tative
5. Position in labor organization. Developing Theatres Business Depresentative	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenatary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name San Diego Repertan Theatre/ Earthquake Sun	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.
P.O. Box, Bldg., Room No., if any	E 22 Linux 1
	7.b. Amount.
Street 79 Harton Plaza	
city San Diego	grno cash value
State California ZIP Code + 4 9 210/	
Signature	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief; true, correct, and complete. (See the second complete.)	ng documents), has been examined by the signatory and is, to the best of the
Signed /my Smm//	On 8/13/05 (323) 634-1750 :x: 315 :

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1. File Number U - 13/23	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
Name and address of person filing.	Name, file number, and address of labor organization.	
Name Timothy Smith	Name Actors' Equity Association	
	Labor Organization File Number 006-029	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 5757 Wilshire Blvd . Suite One	Street 5757 Wilshire Blvd., Suite One	
City Los Angeles	City Los Angeles	
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036	
5. Position in labor organization. Reveluence: Thom Day E	Business Representative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any),	7.a. Nature of Interest, Transaction, or Income.	
Name East West Players / M. Butterfly Trade Name, if any:	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.	
P.O. Box, Bldg., Room No., if any	**************************************	
Street 120 No. Judge John Aiso St.  City Los Augeles  State California ZIP Code + 4 90012	7.b. Amount.	
city Los Augeles	Øno cash value	
State California ZIP Code + 4 90012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature		
15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Telephone Number

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2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

E

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Timothy Smith	Name Actors Equity Association		
	Labor Organization File Number 006-029		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5757 Wilshire Blvd., Suite One	Street 5757 Wilshire Plvd: , Suite One		
City Los Angeles	City Los Angeles		
State California ZIP Code + 4 90036	State California ZIP Code + 4 90036		
5. Position in labor organization. Developing theatres Business Representatives			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name The Keo Company The Finducers  M town Jan Jose, CA  Trade Name, if any	Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond.; enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.		
P.O. Box, Bldg., Room No., if any			
Street & M. 729 7th Ave , 12th Fluor 7.b. Amount.			
State New York ZIP Code + 4 10019	P no cash value		
State New yare ZIP Code + 4 (VO19			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and pelief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed ( / http:// Owww///	On 8/13/05 (323): 634-1750:x/315:		
Form LM-30 (2003)	/ Date Telephone Number		
Page 1 of 2			